

# **INTEGRATED COMMUNITY DRUG SERVICE** **FAX REFERRAL FORM**

Affix Client Label Here

CORRESPONDENCE

## *Referrer Details*

Contact Person: \_\_\_\_\_ Agency: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_

## *Client Details*

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: ☐ M ☐ F  
 Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Permission to leave a voice and/or text message: ☐ Yes ☐ No

## *Reason(s) for Referral*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## *Substance(s) Used*

Type	Amount	Frequency	Duration	Date last used
Alcohol				
Heroin/Opiates				
Benzodiazepines				
Amphetamines				
Cannabis				
Ecstasy/Party Drugs				
LSD/Hallucinogens				
Solvents/Inhalants				

## *Current Medical/Mental Health Problem(s) and Prescribed Medication(s)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## *Assistance Requested*

Reduce and/or Cease Use: ☐ Yes ☐ No Counselling: ☐ Yes ☐ No  
 Pharmacotherapy: ☐ Yes ☐ No Unsure, wants Options: ☐ Yes ☐ No

## *Identified Risks in Working with the Client*

History of Aggression/Violence: ☐ Yes ☐ No Currently Pregnant: ☐ Yes ☐ No  
 History of Self-Harm/Suicidality: ☐ Yes ☐ No Positive for BBV: ☐ Yes ☐ No  
 History of Unsafe Injecting Practice: ☐ Yes ☐ No Currently Lives Alone: ☐ Yes ☐ No

## *Additional Relevant Information*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Referrer: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Please attach any further information/details that may be relevant to this referral before faxing.  
 See over for enquiries and service locations.

NS MR 105 FAX REFERRAL FORM Version 1 Review Date 11/09/2009

**INTEGRATED COMMUNITY  
DRUG SERVICE  
FAX REFERRAL FORM**

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**NEXT STEP EAST METRO DRUG & ALCOHOL SERVICE**

32 Moore Street, EAST PERTH WA 6004  
PO BOX 126, MT LAWLEY WA 6929  
PHONE: (08) 9219 1919  
FAX: (08) 9221 3089

**NORTH METRO COMMUNITY DRUG SERVICE**

26 Dugdale Street, WARWICK WA 6024  
PO BOX 2587, WARWICK WA 6024  
PHONE: (08) 9246 6767  
FAX: (08) 9246 6768

318 Fitzgerald St, NORTH PERTH WA 6006  
PHONE: (08) 9328 9200  
FAX: (08) 9246 6768

**SOUTH METRO COMMUNITY DRUG SERVICE**

Level 3/22 Queen Street, FREMANTLE WA 6160  
PHONE: (08) 9430 5966  
FAX: (08) 9335 3071

22 Tuckey Street, MANDURAH WA 6210  
PHONE: (08) 9581 4010  
FAX: (08) 9582 7062

U3/3 Goddard Street, ROCKINGHAM WA 6168  
PHONE: (08) 9529 2500  
FAX: (08) 9529 1511

**SOUTH EAST METRO COMMUNITY DRUG SERVICE**

Suite 10, 2232c Albany Hwy, Gosnells WA 6110  
PHONE: (08) 9394 0250  
FAX: (08) 9221 3089

**NORTHEAST METRO COMMUNITY DRUG SERVICE**

Oak House – 14 Sayer Street, Midland WA 6056  
PHONE: (08) 9274 7055  
FAX: (08) 9221 3089

**DRUG AND ALCOHOL YOUTH SERVICE**

Hill Street, East Perth WA 6006  
PHONE: 1300 651 329  
FAX: (08) 9222 6374